

UNITED HEALTHCARE INSURANCE COMPANY
P O BOX 740800
ATLANTA, GA 30374-0800

PAYER CONTACT: GREENSBORO SERVICE CENTER
PHONE: (877)842-3210

REDOAK HOSPITAL
17400 RED OAK DR
HOUSTON, TX 77090-0000

NPI: [REDACTED]
NON-PAYMENT: QK92682221
CHECK DATE: 05/08/2014
PRODUCTION DATE: 05/08/2014

PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
ACT: 299506B										ICN: 4527034565 0010852561	
GRP/POL NUM: 700660											
1220	122013	131	1	0500		660.70	660.70	0.00	0.00	PI-45	3480.18
										PI-94	-2819.48
1220	122013	131	0	0500		512.48	512.48	0.00	0.00	PI-97	512.48
1220	122013	131	0	0500		1782.00	1782.00	0.00	0.00	PI-97	1782.00
1220	122013	131	0	0500		525.00	525.00	0.00	0.00	PI-97	525.00
1220	122013	131	1	0489		9908.92	4532.11	0.00	1812.84	PI-45	5376.81
1220	122013	131	1	0489		3598.47	3598.47	0.00	1439.39		2719.27
PT RESP	3252.23				CLAIM TOTALS	16987.57	11610.76	0.00	3252.23		2159.08
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		8856.99
										NET	4878.35
ACT: 288606B										ICN: 4527034548 0129746404	
GRP/POL NUM: 722266											
0110	011014	131	1	96374		660.70	660.70	0.00	0.00	PI-45	3480.18
										PI-94	-2819.48
0110	011014	131	0	78808		512.48	512.48	0.00	0.00	PI-97	512.48
0110	011014	131	0	A9502		1782.00	1782.00	0.00	0.00	PI-97	1782.00
0110	011014	131	0	J7050		525.00	525.00	0.00	0.00	PI-97	525.00
0110	011014	131	1	78452		9908.92	456.23	456.23	0.00	PI-45	9452.69
0110	011014	131	1	93015		3598.47	3598.47	108.77	697.94		2791.76
0110	011014	131	1	93922		4667.00	4667.00	0.00	933.40		3733.60
PT RESP	2196.34				CLAIM TOTALS	21654.57	12201.88	565.00	1631.34		12932.87
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		6525.36
										NET	6525.36
ACNT: 2441.001										ICN: 4526763380 0044817346	
GRP/POL NUM: 751924											
0312	031214	131	3	27096 LT		14872.48	7486.63	1683.76	870.43	PI-45	33448.33
										PI-94	-26062.4
0312	031214	131	0	27096 LT		14872.48	14872.48	0.00	0.00	PI-97	14872.48
0312	031214	131	0	27096 LT		11190.00	11190.00	0.00	0.00	PI-97	11190.00
0312	031214	131	1	36000		402.00	680.41	0.00	102.06	PI-94	-278.41
0312	031214	131	0	36000		278.41	278.41	0.00	0.00	PI-97	278.41
PT RESP	2656.25				CLAIM TOTALS	41615.37	34507.93	1683.76	972.49		33448.33
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		5510.79
										NET	5510.79
ACNT: 2562.001										ICN: 4526763377 0129844858	
GRP/POL NUM: 722266											
0318	031814	131	1	80048		1119.00	1119.00	0.00	0.00	PI-45	27461.00
										PI-94	-26342.0
0318	031814	131	0	85025		516.00	516.00	0.00	0.00	PI-97	516.00
0318	031814	131	0	85730		558.00	558.00	0.00	0.00	PI-97	558.00
0318	031814	131	0	75625		21342.00	21342.00	0.00	0.00	PI-97	21342.00
0318	031814	131	0	G0269		3926.00	3926.00	0.00	0.00	PI-97	3926.00
0318	031814	131	1	93458		77444.73	14040.90	0.00	1404.09	PI-45	63403.83
0318	031814	131	1	93458		1086.27	2674.27	0.00	0.00	PI-94	-1588.00
0318	031814	131	0	93458		192.00	192.00	0.00	0.00	PI-97	192.00
0318	031814	131	0	93458		586.00	586.00	0.00	0.00	PI-97	586.00
0318	031814	131	0	93458		810.00	810.00	0.00	0.00	PI-97	810.00
PT RESP	1404.09				CLAIM TOTALS	107580.00	45764.17	0.00	1404.09		90864.83
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		15311.08
										NET	15311.08
ACT: 299646B										ICN: 4527034553 0129808330	
GRP/POL NUM: 722266											
0205	020514	131	1	93306		12644.97	3457.70	0.00	1728.85	PI-45	9187.27
PT RESP	1728.85				CLAIM TOTALS	12644.97	3457.70	0.00	1728.85		1728.85
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		NET
ACT: 289280B										ICN: 4527034560 0093672427	
GRP/POL NUM: 182019											
0110	011014	131	1	43239		8448.00	8448.00	0.00	0.00	PI-45	8448.00
0110	011014	131	1	45380		10710.00	5683.86	2000.00	1473.54	PI-45	5026.14
PT RESP	3473.54				CLAIM TOTALS	19158.00	14131.86	2000.00	1473.54		13474.14
ADJ TO TOTALS:					PREV PD	0.00	INTEREST 0.00	LATE FILING CHARGE	0.00		NET 2210.32
TOTALS:	# OF CLAIMS			BILLED AMT		ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ
	6			219640.48		121674.30	4248.76	10462.54	168764.43	36164.75	36164.75
PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	HIC	AMOUNT							
	FB	QK92682080		27757.12							
	FB	QK92682221		-48720.21							
	WO	20130828 273592A		28091.62							
	WO	20130909 276211A		29036.22							

GLOSSARY:

Adjustment, Group, Reason, MOA, and Remark codes
Payor initiated reductions. In the opinion of the payer, the adjustment is not the responsibility of the patient, but no supporting contract exists between the provider and the payer.

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 NON-PAYMENT: QR92682221
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97											The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
45											Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
94											Processed in Excess of charges.